

Patient information

Inhalers, Respiratory Medications & Vaccines



Why do I Have an Inhaler?

You will have been given an inhaler if you have an underlying lung condition such as COPD, Asthma, Emphysema, Bronchiectasis or Chronic Bronchitis.

Other reasons for having an inhaler include experiencing problems with shortness of breath on exertion, a wheezy chest, tightness in your chest when you breathe or a persistent irritable cough.

Inhalers are used to get specialist medication directly to your lungs either for quick relief of your symptoms or for longer term management of your breathing issues.

Putting you first

What do my Inhalers do?

There are two main types of inhalers used to treat breathing problems **Relievers** and **Preventers**.

Relievers:

These inhalers are often prescribed, if you have a lung condition, to help manage a sudden onset of breathlessness, wheeze and chest tightness.

The bronchodilator medication in these inhalers helps to relax the small muscles in the airways.

It acts quickly (usually within 20 minutes), but the effects only last for approximately 3 - 5 hours.



Preventers:

These inhalers help to manage your breathing problems on a long-term basis.

They should help to reduce your daily symptoms of breathlessness, wheeze and chest tightness.

They <u>must</u> be taken every day, as prescribed, because the effects of a preventer inhaler medication build up over a period of time. It may take up to 3 weeks before you notice a real difference in your breathing.

The effects of a preventer inhaler can last for 12-24 hours

Preventer inhalers **will not help** in a sudden (acute) attack of breathlessness (you should use your **reliever** inhaler in these instances).

There are three main types of preventer inhalers: **steroid**, **long-term bronchodilators** and **combination**:

1) Steroid inhalers:

These inhalers are usually given to people with very regular flare-ups of COPD and Asthma.

- they contain a low dose of a medicine called a Corticosteroid, which helps to reduce the swelling and inflammation in the airways.
- they can be prescribed individually or combined with other inhaled medication

2) Long-term bronchodilators:

These inhalers are given to people who are breathless on a daily basis.

 they contain a medication called a bronchodilator which helps to relax the small muscles in the airways

3) Combination inhalers:

These inhalers are becoming more popular and are a single inhaler delivery device which contains more than one medication. These can be given as the following combinations:

- a steroid combined with a long-term bronchodilator
- two long-term bronchodilators combined together
- a steroid combined with two long-term bronchodilators

Your GP, Respiratory Nurse or Consultant will prescribe what they feel is most appropriate for treating your condition.

If your preventer inhalers are changed by your GP or Respiratory Nurse, you may find initially that your daily symptoms appear to be worse. However, persevere if you can, as the new medication can take up to 3 weeks to take effect and for you to feel the benefit.

When Should I Take my Inhalers?

Reliever inhalers are taken 'as and when' you feel your breathing is more difficult for a more instantaneous relief of your symptoms. They can also be taken before an activity which you know will make you breathless.

Preventer inhalers (steroid, long-term bronchodilators and combination inhalers) are usually prescribed to be taken every day (once or twice per day). It is important that you adhere to this regime to build up the benefits of the medication.

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How do I Take my Inhalers?

Inhalers come in many forms. Some are liquid based whilst others are powder based. Some come in capsule form and others in a small canister.

They can also be administered in many different ways in order to make them more effective and to make the process as easy as possible for the user, in order to gain the maximum effect.

When you are first prescribed an inhaler you should be taught the specific technique on how to use it by your GP or Respiratory Nurse.

If you struggle with this at a later date (or cannot remember how to use it) then please be sure to contact your GP, Practice Nurse, Respiratory Nurse Specialist or Physiotherapist who can advise you on the technique again and adjust where necessary.

Spacers

These are specialist devices that can be attached to some inhalers to help if you

- have a poor inhaler technique
- struggle with poor co-ordination.

Please speak to your GP or Respiratory Nurse if you think a spacer may be helpful.

If you are prescribed a spacer, they should be replaced every 6-12 months for infection control purposes.

RightBreathe App

This is an NHS created App that can be downloaded **free** to your mobile phone, tablet or computer.

It provides excellent information on your inhaler medications and demonstrates (with short videos) the correct inhaler techniques for each inhaler currently prescribed in the UK. It also demonstrates correct spacer techniques.





Side Effects of Inhalers

Unfortunately, like many medications, some inhalers may cause some unwanted side effects:

Reliever Inhalers:

- mild shaking of hands
- headaches
- muscle cramps
- a fast, pounding or fluttering heartbeat (palpitations)

Steroid Inhalers:

- thrush in your mouth
- a hoarse voice or sore throat

Always **rinse your mouth with water** after taking your **steroid** inhaler as this will help to reduce these side effects.

If any of the above side effects (or others) are troubling you then please be sure to let your prescriber know.

Is my Inhaler Working Properly?

Once you have been given an inhaler you should be monitored regularly to see whether it has improved your symptoms. If you feel that your symptoms have not improved, or that they have deteriorated over time, then it may be because:

- you have a chest infection
- your body has built up a resistance to the effects of the medication
- your new medication is not working as well as it should.
- the delivery device is not working properly

Please speak to your GP or Respiratory Nurse if you are experiencing difficulties with your medications, or you have any concerns.

Maintenance:

Cleaning your inhaler device regularly is not difficult, but it is essential to maintain it in good working order and to limit the spread of infection.

Make sure that you regularly check the mouthpiece for any debris and then use a new, damp, clean paper towel/toothbrush to remove any excess powder/medication from the mouthpiece.

Always allow the inhaler to air dry.

Do not immerse cannister inhalers in water. Please remove the cannister part first.

Do not put your inhaler in the dishwasher to clean it!

Inhaler Recycling and Carbon Footprint

Some inhalers use a 'propellant' to help deliver the medication via an aerosol device.

These propellants are a type of greenhouse gas which can affect the environment.



The NHS is constantly trying to do its part to lower its carbon footprint. In order to do this you may be asked to trial a dry powder inhaler, which does not contain a propellant.

Please be aware though that if feel that the dry powder inhaler does not work for you, then you must take it back for a review with your GP or Respiratory Nurse.

Did you know.....old plastic inhaler delivery device's can be taken to your local Pharmacy to be recycled!

Finally!

Please make sure that your inhalers are on a repeat prescription, as it is important that you do not run out!

Other Long-term Respiratory Medication

Long-term, low-dose antibiotics

If you

- struggle with recurrent chest infections over a period of months (despite trying various antibiotics)
- or have a lowered immune system which makes you more susceptible to infection

then your Respiratory Consultant may recommend you take regular low-dose antibiotics on a long-term basis.

These medications are more often used in patients with a diagnosis of Bronchiectasis and advanced COPD.

Long-term, low-dose steroids

These medications are occasionally given to patients who have problems with ongoing airway inflammation that does not settle without steroid medication.

They can also be given to those who struggle to wean from their frequent courses of steroids without their symptoms returning.

Again, this is something that your Respiratory Consultant may recommend in these situations.

Carbocistine/Mucodyne

These medications can be prescribed to help reduce the viscosity/thickness of your phlegm.

They can be used as a short-term or long-term therapy, but will usually take up to 2 weeks for you to experience the benefits.

Side effects:

These are rare, but include nausea and diarrhoea

Please speak to your GP or Respiratory Nurse if you feel this medication would be helpful to you.



Asthma Specific Medication

For those people diagnosed with asthma who struggle with poorly controlled or severe

- wheeze
- breathlessness
- chest tightness
- coughing

long-term, low-dose steroid medications are often prescribed to help reduce the inflammation in the airways which can trigger these symptoms.

You are often required to carry a steroid care card if you are taking these medications.

However, steroids medications are not suitable for all asthmatics. In these instances, you may be prescribed a medication called Montelukast instead.

Montelukast is a type of medication known as a non-steroidal anti-inflammatory.

Vaccines

People with lung conditions are often given vaccines to help their body defend itself against the dangers of developing certain full-blown infections.



This does not mean that they will prevent you contracting these infections, but you should not experience such severe symptoms and should recover more quickly.

By having these vaccines, it can also help to prevent you passing on these infections to other vulnerable people.

Most vaccines can be administered by your GP surgery or local participating pharmacies.

Flu Vaccine

This is an injection is given once a year

Pneumonia Vaccine

This is given as an injection to people over 65 years of age and usually only needs to be given once in a lifetime. However, for those with a low immune system, or poor

uptake, this vaccine may need to be repeated once every 5 years to give good cover.

Covid Vaccination

This vaccine is given as an injection. There is currently no firm advice on the frequency it should be given, but it is usually offered in the autumn and/or springtime.

RSV (Respiratory Syncytial Virus) Vaccination

This vaccine is given as an injection to those adults aged 75 to 79 years of age. It helps to protect against RSV which can caused serious illness in older adults

Useful contacts

For Pulmonary Rehabilitation enquiries:

Suffolk Community Healthcare Care Co-ordination Centre (CCC)

Tel: 0300 123 2425

E-mail: pulmonaryrehabilitation@wsh.nhs.uk

Clinical research

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email <u>info.gov@wsh.nsh.uk</u>. This will in no way affect the care or treatment you receive.

Accessibility

If you require this leaflet in a different format, please contact the patient advice and liaison service on 01284 712555 or email <u>PALS@wsh.nhs.uk</u>

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